



Virginia *State Nutrition, Physical Activity, and Obesity Profile*

Obesity has important consequences on our nation's health and economy. It is linked to a number of chronic diseases, including coronary heart disease, stroke, diabetes, and some cancers (NIH Clinical Guidelines, 1998). Among adults, the medical costs associated with obesity are estimated at 147 billion dollars (Finkelstein, 2009). Many American communities are characterized by unhealthy options when it comes to diet and physical activity. We need public health approaches that make healthy options available, accessible, and affordable for all Americans.

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CDC's Division of Nutrition and Physical, and Obesity (DNPAO) supports the nation's capacity to address public health in all policies and establish successful and sustainable interventions to support healthy eating and active living. The Division provides support (i.e., implementation and evaluation guidance, technical assistance, training, surveillance and applied research, translation and dissemination, and partnership development) to states, communities and national partners to implement policy, system, and environmental strategies. The goal is to improve dietary quality, increase physical activity and reduce obesity across multiple settings—such as child care facilities, workplaces, hospitals and medical care facilities, schools, and communities.

State Population of Virginia

- Estimated Total Population 2010⁽¹⁾
= 8,001,024
- Adults age 18 and over⁽²⁾
= 76.8% of the total population in 2010
- Youth under 18 years of age⁽¹⁾
= 23.2% of the total population in 2010

⁽¹⁾ U.S. Census Bureau. State and County QuickFacts. 2011. Available online at <http://quickfacts.census.gov/qfd/index.html>

⁽²⁾ Calculated estimated = 100% minus percent of the total population under 18 years old, using State and County QuickFacts, 2010 data from the U.S. Census.

Adult Overweight and Obesity

Overweight and Obesity⁽³⁾

- 60.4% were overweight, with a Body Mass Index of 25 or greater.
- 26.0% were obese, with a Body Mass Index of 30 or greater.

Dietary Behaviors⁽⁴⁾

- 33.7% of adults reported having consumed fruits at the recommended level of 2 or more times per day.
- 30.3% of adults reported having consumed vegetables at the recommended level of 3 or more times per day.

Physical Activity⁽⁵⁾

- 48.2% of adults achieved at least 300 minutes a week of moderate-intensity aerobic physical activity or 150 minutes a week of vigorous-intensity aerobic activity (or an equivalent combination).
- 21.9% of Virginia's adults reported that during the past month, they had not participated in any physical activity.

Source of Adult Obesity Data:

⁽³⁾ CDC. Behavioral Risk Factor Surveillance System: Prevalence and Trend Data—Overweight and Obesity, U.S. Obesity Trends, Trends by State 2010. Available online at <http://www.cdc.gov/brfss/>

Source of Adult Fruit and Vegetable Data:

⁽⁴⁾ CDC. *MMWR* September 2010 State-Specific Trends in Fruit and Vegetable Consumption Among Adults United States, 2000–2009. Available online at <http://www.cdc.gov/mmwr/pdf/wk/mm5935.pdf>

Source of Adult Physical Activity Data:

⁽⁵⁾ CDC. BRFSS Behavioral Risk Factor Surveillance System: Prevalence and Trend Data—Physical Activity, U.S. Physical Activity Trends by State 2009–2010. Available online at <http://www.cdc.gov/brfss/>

Adolescent Overweight and Obesity

2009 Youth Risk Behavior Surveillance System (YRBSS) adolescent obesity data is not available, as Virginia's overall institutional response rate was below 60%, the minimum necessary for statewide reporting.

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The 2010 Virginia School Health Profiles assessed the school environment, indicating that among high schools⁽⁶⁾

- 37.2% did not sell less nutritious foods and beverages anywhere outside the school food service program
- 13.2% offered fruits or non-fried vegetables in vending machines and school stores, canteens, or snack bars, and during celebrations whenever foods and beverages were offered
- 46.4% prohibited all forms of advertising and promotion of candy, fast food restaurants, or soft drinks in all locations. All school-related locations were defined as in school buildings; on school grounds, including on the outside of the school building, on playing fields, or other areas of the campus; on school buses or other vehicles used to transport students; and in school publications.

^{*} (6) CDC, Division of Adolescent and School Health. The 2010 School Health Profiles. Available online at <http://www.cdc.gov/healthyyouth/profiles/index.htm>

Child Overweight and Obesity

Breastfeeding⁽⁷⁾

Increasing breastfeeding initiation, duration, and exclusivity is a priority strategy in CDC's efforts to decrease the rate of childhood obesity throughout the United States.

- 79.1% of infants were Ever Breastfed.
- 40.8% of infants were Breastfed for at least 6 months.

Body Mass Index^{(8)*}

Among Virginia's children aged 2 years to less than 5 years *

- 16.5% were overweight (85th to < 95th percentile BMI-for-Age).
- 15.5% were obese (\geq 95th percentile BMI-for-Age).

Sources of Breastfeeding Data:

⁽⁶⁾ CDC. Division of Nutrition, Physical Activity, and Obesity Breastfeeding Report Card 2011. Centers for Disease Control and Prevention National Immunization Survey, Provisional Data, 2008 births. Available online at <http://www.cdc.gov/breastfeeding/data/reportcard2.htm>

Sources of Child Obesity Data:

⁽⁷⁾ CDC. Division of Nutrition, Physical Activity, and Obesity. 2010 Pediatric Nutrition Surveillance System, Table 6 (PedNSS). http://www.cdc.gov/pednss/pednss_tables/tables_health_indicators.htm

* BMI data only includes low-income children from the PedNSS sample and do not represent all children.

* BMI data is based on 2000 CDC growth chart percentiles for BMI-for-age for children 2 years of age and older.

Virginia's Response to Obesity

Virginia provided mini-grants to schools for healthy school vending and Safe Routes to School and supporting maternity care policies and practices in worksites and state-licensed early care and education centers.

Mini-Grants to Schools

- 60 mini-grants were awarded to schools to audit their vending machine selections for nutritional value and to receive technical assistance on how to offer healthier choices.
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- 75 mini-grants for Safe Routes to School were awarded. Many of these schools held events during Walk To School week in October 2011. Walk To School Day banners were purchased and sent to those that planned events but are not mini-grant recipients. 10 schools used the funds to purchase bike racks.

Supporting Breastfeeding in Worksites and Early Care and Education Centers

- Breast pumps, poles and wipes were purchased and distributed to targeted worksites.
- Virginia adapted another state's toolkit for development into a resource kit to help childcare facilities become breastfeeding-friendly. A module was developed for day care consultants and a separate module is being developed for day care staff. Magnets with tips for storing breast milk are being disseminated to day care providers. They are also disseminating window clings for businesses to advertise that the facility is breastfeeding friendly.
- The Virginia Department of Health is partnering with Anthem Insurance to reach out to a variety of worksites that have Anthem health insurance plans to promote breastfeeding worksite policies/ programs as well as to get a baseline assessment of current practices and policies among those worksites related to worksite lactation support.

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References

NIH. Clinical Guidelines Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. 1998. Available online at http://www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.htm

Finkelstein, EA, Trogon, JG, Cohen, JW, and Dietz, W. Annual medical spending attributable to obesity: Payer- and service-specific estimates. Health Affairs 2009; 28(5): w822-w831.

